Royal Med. and Chirurg. Soc. (Nov. 10, 1863), the following interesting and probably unique case of this :—

The patient, a very intelligent lad, aged eleven years, was admitted into Guy's Hospital, under the care of Dr. Wilks, on June 10th, 1863. He had for three years suffered from gradually increasing impairment of voice, and difficulty of breathing and swallowing. On admission all his symptoms were very severe: he complained of pain, increased by pressure, about the larynx; he did not breathe freely; his voice was reduced to a low whisper; solids seemed to stick in his throat, and he could only swallow liquids with difficulty. During the night of the 14th he was seized, as he had previously been on several occasions, while asleep, with a very severe attack of dyspnœa. Tracheotomy was upon the point of being performed, but was delayed by the desire of Dr. Wilks, and on the following morning Mr. Durham was requested to make a laryngoscopical examination. On doing so, the epiglottis could not be distinguished in its normal form, but instead there appeared a large, round, tense tumour, projecting backwards and downwards, and completely covering in and concealing the glottis. On either side and rather behind this, portions of the aryteno-epiglottidean folds could be seen, swollen and apparently œdematous. The tumour could be just reached by the finger. Feeling certain that it contained fluid, Mr. Durham, with the concurrence of Dr. Wilks, at once proceeded to make an incision into it by means of a long, curved, sharp-pointed bistoury, partially surrounded with sticking-plaster. The incision was followed by a sudden gush of thick glairy mucus, mixed with a little pus and blood, which, on subsequent examination, proved to be precisely similar to the contents of a ranula beginning to suppurate. All the patient's symptoms were at once relieved, and in the evening he was singing in his bed. In the course of a few days he was perfectly well. Examinations were made from time to time, and it was interesting to watch the gradual subsidence of the œdema, and the return of the parts to their normal condition. The patient was last examined nearly four months after the operation; he was in every respect well. There was no appearance of the cyst (for such evidently was the nature of the tumour,) but the cicatrix of the incision could be just distinguished on the lower part of the laryngeal aspect of the epiglottis.

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26. *Amygdalotomy.*—M. Deroubaix cannot agree with Begin, that this is the simplest operation in surgery, for even with instruments which render it of so much easier performance than heretofore, it still sometimes presents difficulties and danger when certain precautions are neglected. It is of importance to bear in mind that the tonsil is not an exactly defined organ, like a more perfect gland, but has a tendency to become confounded by a kind of transition with the glandular systems of portions of the neighbouring mucous membranes. In the normal condition, it makes but a slight projection between the pillars of the velum; but in the case of pathological change, the two tonsils may touch each other—respiration, phonation, and deglutition becoming impeded. It is generally in predisposed subjects, as the result of repeated irritation, especially that arising from the action of cold and damp, that an indurated exudation into the follicles, and a sufficiently hypertrophied condition to call for the intervention of surgery, are observed. It is rare, indeed, when the affection has reached this stage, that any local treatment will spare the necessity of an operation; and the author has frequently in vain had recourse to the whole train of remedies, during a prolonged period, without obtaining any diminution in the engorgement or alleviation in the symptoms. It is far better in such cases to employ the appropriate treatment, without teasing the patient by these indifferent measures. In reply to the question whether the removal of the tonsils does not give rise to serious inconvenience, it may be said that to attempt their total ablation would be to risk the perforation of the wall of the pharynx and a lesion of the carotid. In fact, a little more only than the portion which projects beyond the level of the pillars is excised; and this is done without any inconvenience, for all the follicles being independent of each other, the same consequences are not to be feared which would result in the case of a more complicated gland, the different portions of which have mutual relations with each other. Almost always, too, the cure effected is permanent; and it is only

in very rare cases that the engorgement is, after some years, reproduced. If, however, by reason of faulty instruments, a mere superficial slice of the tonsil or a portion of its upper or middle part be removed, relapse will follow without much delay. It is highly important to observe, that while at the upper part the pillars of the velum oppose a continual barrier to the tonsils, nothing arrests their development below; so that their chief volume, when enlarged, lies often in this direction. But as this region is not displayed when the mouth is opened and the tongue only moderately depressed, the portion of the tonsil which is then made visible is alone removed; and a part of the diseased tissue below remaining untouched, a relapse is certain to occur. It is from having at an earlier period met with these relapses, due to incomplete operations, that M. Deroubaix turned his attention to the improvements of the instruments employed in tonsillotomy. He rejects the bistoury as not only difficult, but even dangerous in its employment. In fact, he has witnessed a case in which the carotid was fatally perforated. The amygdalotomes formerly in use all erred in consequence of the plate for the reception of the tonsil having its large diameter continuous with the axis of the instrument, while the tonsil is developed in the vertical, and therefore contrary direction. M. Deroubaix first contrived an instrument having its plate placed perpendicularly; but finding it difficult to introduce this low enough in the pharynx to embrace all the diseased tonsil, he so changed the disposition that the plate of the instrument is not perpendicular to the handle but oblique, forming with it an open obtuse angle. This easily embraces the whole of the surface to be removed. The operation can be executed with celerity and certainty. It should never be resorted to during the inflammatory stage; for not only is it then very painful and liable to consecutive accidents, but the tissue of the gland is not firm enough to resist the traction. Although tonsillotomy is usually of easy execution, great difficulty is sometimes produced by the terror or indocility of the patient. This is often only to be overcome by prolonged waiting and watching for the opportunity which the patient, by opening his mouth, at last gives of seizing the tonsil with promptitude. Sometimes a patient who has submitted to the removal of one tonsil, obstinately refuses to allow of the second being removed. Such a case is best met by having two tonsillotomes ready. Immediately that the first tonsil has been excised, almost before the patient is aware of it, the second instrument may be applied. When the conformation of the mouth renders the isthmus difficult of access, it is preferable to depress the tongue by means of the amygdalotome itself, than to employ any special instrument for depressing it, which only complicates the operation. M. Deroubaix has never met with hemorrhage after this operation that could not be controlled by a simple vinegar gargle.—*B. and F. Med.-Chir. Rev.*, Oct. 1863, from *Presse Méd. Belge*, Nos. 31, 38.

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27. *Tetanus caused by a Wound of the Hand, treated by Section of the Median Nerve.*—Dr. FAYRER reports (*Indian Annals of Medical Science*, April, 1863) the following interesting example of this:—

"A young Brahmin, named Ram Narain Chatterjea, aged 23 years, was admitted on the morning of the 3d November with a painful condition of his left hand. A week ago he ran some splinters of bamboo into his hand at the root of the thumb. They penetrated, broke off, and remained lodged in the palm of the hand just by the ball of the thumb. Suppuration followed, and, with it, much pain.

"He had had, also, curious spasmodic symptoms during the last three days; he could close the fingers of the injured hand, but when he opened them they were again spasmodically contracted and twisted. The thumb and three fingers supplied by the median nerve only were implicated. He had no spasm of the arm, but he had pains in the shoulder of that side and partial closure of the mouth which opened sufficiently to introduce the handle of a table knife. He was in good spirits, notwithstanding his precarious condition, and he seemed to have enjoyed good health before the accident.

"I made an incision into the palm of the hand and extracted a splinter about an inch in length; he expressed himself relieved after the operation. Ordered him an enema of castor oil and turpentine, and two grains of opium immediately